

**Task Force on Culturally and Linguistically Competent Physicians and Dentists****July 10, 2001****400 R. Street, Suite 1030****Sacramento CA 95814****MEETING MINUTES****Task Force Members Present:**

Diana Bontá, R.N., Dr. P.H., Director, Department of Health Services, Co-Chair  
Kathleen Hamilton, Director, Department of Consumer Affairs, Co-Chair  
Anmol Singh Mahal M.D., California Medical Association  
Dr. Jack Broussard, D.D.S., California Dental Association  
Arnold Torres, Executive Director, California Hispanic Health Care Association  
Lia Margolis, Executive Director, Latino Coalition for a Healthy California  
Ron Joseph, Executive Director, Medical Board of California  
Georgetta Coleman, Executive Officer, Dental Board of California  
Newton Gordon, D.D.S., UCSF School of Dentistry  
Anil Chawla, M. D.  
Felipe Santana, Ph. D.  
Suzanne Gee, Protection and Advocacy, Inc.  
Albert Gaw, M. D.  
Miya Iwataki  
Doreena Wong, Legal Counsel, National Health Law Program

**Task Force Members Not Present:**

Barbara Beller  
David Carlisle, M.D., Ph.D., Director, Office of Statewide Health Planning and Development  
Rini Chakaborty California Immigrant Welfare Collaborative  
Arthur Chen, M.D.  
Mary Chung, MBA, National Asian Women's Health Organization  
Tomiko Conner, Director, Community Voices Initiative  
Irma Cota, M.P.H., CEO, North County Health Services  
Maximiliano Cuevas, M.D., Clinicas de Salud del Valle de Salinas  
Carlota del Portillo, Ed.D.  
Rodolfo Diaz, Community Health Foundation  
Hector Flores, M.D., Department of Family Practice, UCLA School of Medicine  
Ernest Garcia, D.D.S.  
David Hayes-Bautista, Ph.D.  
Daniel Jordan, Ph.D.  
Mary Anne Koda-Kimble, PharmD, UCSF School Of Pharmacy  
Maria Lemus, California Pan-Ethnic Health Network

Aliza Lifshitz, M.D., California Hispanic Medical Association  
Francis Lu, M.D., Department of Psychiatry, UCSF  
Earl Lui, Attorney, Consumers Union  
Angela Mora, Department of Managed Health Care  
Eva Vasquez-Camacho, United Farm Workers  
Melissa Welch, M.D., MPH, Health Plan of San Mateo

**Staff members present:**

Kristy Wiese, Assistant Deputy Director, Department of Consumer Affairs  
Anita Scuri, Legal Counsel, Department of Consumer Affairs  
Dr. Norman Hertz, PhD, Office of Examination Resources, Department of Consumer Affairs  
Jean Iacino, Special Assistant to the Director, Department of Health Services

**Agenda Item A**

**Call to Order:**

Director Bontá called the meeting to order at 2:00 p.m.

**Agenda Item B**

**Introduction:**

Director Bontá started the meeting by introducing the Co-Chair, Kathleen Hamilton, Director Department of Consumer Affairs. Members introduced themselves.

Director Hamilton was introduced and thanked all members present for attending the meeting and their hard work on the Task Force.

**Agenda Item C**

**Approval of the March 8, 2001 Minutes and Establishment of a Quorum:**

Director Bontá asked for review and approval of the minutes from the March 8, 2001 meeting. The motion to approve the minutes was made by Mr. Torres, seconded by Mr. Joseph, and unanimously approved.

Director Hamilton stated that briefing binders have been created and distributed to Task Force members and asked that members bring these binders with them to each meeting. Included in the binders is a member roster. Staff has also provided copies of recent newspaper articles on the work that is being done by the Task Force. The next meeting of the full Task Force is set for October 2, 2001 in Sacramento. The Task Force is continuing to try to identify dates for public hearings to facilitate public comment. As soon as the hearing dates are determined they will be made available to the Task Force members.

Director Hamilton introduced Kristy Wiese, Assistant Deputy Director who will coordinate and oversee the functions of the Task Force.

**Agenda Item D**

**Reports from the Working Group:**

Mr. Joseph began his report on the Continuing Education work group by letting the Task Force members know that in the binders are examples of legislation regarding continuing education on cultural competency that are pending in New York and New Jersey. Mr. Joseph recommended that the working group engage representatives from programs currently existing at UC San Diego, and another from Mexico, that will be able to help the working group in its discussion on continuing education options. Mr. Joseph stated that although the work group had not yet met, he anticipated scheduling a meeting of the work group soon.

Mr. Torres replied that the best way to proceed would be to ask the University of California how they understand CE requirements and cultural competency? Mr. Torres said, he was not aware of any CE classes that are offered on this issue, and asked for an inventory on what course work may apply to cultural competency. Does one medical school or state offer classes but another does not? The working group should look at the federal government guidelines as well as getting opinions from the University to see if there are existing standards that the Task Force should recommend be adopted in California.

Director Hamilton stated that staff would distribute the federal guidelines to all the Task Force members.

Mr. Joseph pointed out the overlapping nature of the working groups, continuing education, cultural competency standards, and cultural competency certification, and suggested that a meeting of all three working groups be held in the future, before each group finalizes its recommendations.

Ms. Margolis stated that the Medi-Cal Program has already established policy in this area as has the Department of Health Services and Department of Managed Health Care, and recommended the Task Force needs to review existing policies, letters, and other guidelines.

Dr. Gordon suggested we look at recommending classes similar to the continuing education classes nurses and dentists currently attend.

Director Hamilton stated that it may be useful to invite presenters with expertise in this field to attend our meeting and make a presentation.

Mr. Torres stated that the role of the Task Force is to come up with a definition of cultural competency. He stated that to do so, the Task Force needs to hear from doctors and the patients that are served.

Dr. Gaw stated that the Task Force needs to agree on a definition of cultural competency then develop a curriculum. The Task Force should evaluate some of the Federal guidelines and at the next meeting we could adopt some of the Federal guidelines. Dr. Gaw suggested that it would be very useful to put together a curriculum on continuing education for the Task Force to recommend be adopted.

Director Hamilton asked if there were any additional comments or suggestion with regard to the working groups at this time. Director Hamilton asked Mr. Joseph to serve as chair on the Continuing Education work group.

#### **Agenda Item E**

#### **Foreign Education and Licensure Equivalency:**

Director Hamilton introduced Dr. Norman Hertz, Chief of the Office of Examination Resources at the Department of Consumer Affairs. Dr. Hertz provided an overview to the Task Force on the process used to evaluate Foreign Education and Licensure Equivalency.

Dr. Hertz began his presentation by discussing the four major components that must be evaluated to establish a licensure examination.

1. Education
2. Experience
3. Examination
4. Standards of Practice or Care

Dr. Hertz discussed each element as it relates to licensure and carried equal weight in the evaluation. The ***education*** that one receives prepares one for the ***experience*** one attains during an internship and that prepares one to take the ***examination*** and the final part is the ***standard of practice of care***. A score on the examination is either a pass or fail that does not take the place of the other elements

Director Hamilton asked if there were any questions for Dr. Hertz at this time. Then she asked Dr. Hertz if there had been a comparison or an occupational analysis done to measure the equivalency of the Mexican exam and the National exam to the California Exam? How long would this type of study take? Is there a cost associated with that?

Mr. Joseph replied that no comparison of the physician licensure exams has ever been done. The Subcommittee has recommended that the Task Force should look at national organizations to engage in a review of Mexico exams and licensure within Mexico to see if there is a possibility for some type of academic reciprocity.

Dr. Hertz replied that it could take up to three years for completion of an occupational analysis to determine if the national and foreign licensing exams are equivalent to the California exam. Additionally, Dr. Hertz replied that he was not aware of any occupational analysis that have been done with foreign licensure exams.

Mr. Joseph informed the Task Force that the Medical Board of California has looked at foreign medical schools and reviewed the curriculum to determine if it had reciprocity with the California educational requirements. The last review of a foreign medical school was done in 1999 for a school in the Philippines. Mr. Joseph asked staff to distribute a list of foreign medical schools that the Medical Board had reviewed.

Director Hamilton asked Dr. Hertz if he would share any thoughts or recommendations with the Task Force on evaluating examinations and health care practice in California?

Dr. Hertz replied the Task Force should evaluate all four categories to determine equivalency. The Dental Board has had the opportunity to develop regulations to evaluate foreign dental schools and the process takes about 12-18 months.

Dr. Mahal asked for clarification of the term reciprocity. Mr. Joseph clarified that reciprocity as it relates to exams, exists only with Canada, but California does not maintain license reciprocity with any nation, nor with any other state.

## **Agenda Item F**

### **Report from the Subcommittee:**

Ms. Iacino distributed to the Task Force members a copy of the matrix which reflected the policy components included in the proposals that were presented to the Subcommittee for a short term pilot project that would bring doctors and dentists from Mexico. The matrix reflects what was included in the original proposals and reflects the five major areas of disagreement among the Subcommittee members. The matrix reflects options for short-term and long-term proposals. One of the areas of disagreement is after three years of practice in a U.S. community clinic are doctors and dentists to remain in their capacity and receive a permanent license or do we grant them only temporary licensure?

Director Hamilton asked if there were any additional comments or questions on the Subcommittee Report.

Ms. Margolis asked if there has been discussion on who would replace the doctors and dentists that would leave after three years? It appeared that there would be no replacements for the doctors or dentist and after three years, therefore; those communities would lose their practitioners, continuing the problem that the proposal seeks to address.

Dr. Gaw made the motion that the Task Force recommend a the establishment of a three year pilot program. The Task Force could measure the impact it has on the under served areas as well as the practitioners that will serve in those areas.

At this time no quorum was present, so the motion could not be carried. Director Hamilton asked for discussion on the motion.

Ms. Iwataki stated that the motion is premature and the Task Force does not appear to be in agreement about the proposed three-year pilot project. Ms. Iwataki stated that more discussion was needed by the Task Force. The Task Force should evaluate short term or long-term solutions before endorsing anything.

Mr. Torres explained to the Task Force that AB 2394 required that the Task Force make a report to the Legislature by April 2001. The legislation calls for the Subcommittee to examine the feasibility of a temporary pilot program. By reviewing the matrix, the Task Force has complied with all of the legislative requirements. AB 2394 was not written because there are not enough doctors and dentists in this country. It was written because California does not have enough doctors and dentists in the areas of population in need. This will give them the means and the ability to find culturally and linguistically competent practitioners for these underserved areas.

Dr. Broussard replied that the intent of the Subcommittee is to try and get people involved to develop a pilot program. The Subcommittee has come close, but it would be premature to go forth at this time with a specific recommendation of a pilot program as there are still significant areas of disagreement

among Subcommittee members. Dr. Broussard spoke of the need for more discussion and deliberation of the options presented in the matrix prior to the recommendation of a pilot program.

Dr. Mahal and Dr. Gaw agreed with Dr. Broussard's suggestion the need for additional time and discussion regarding the development of the pilot program. Dr. Gaw subsequently withdrew his motion.

Ms. Wong asked for clarification on the definition of cultural competency. If someone is linguistically competent, that helps serve the population however a provider could be culturally competent, and not qualified to do the job. This could possibly be a short-term goal, but when you are looking at long term proposals, you have to consider the competency factor.

Mr. Torres reminded the Task Force that we are dealing with a culture of poverty among the underserved and doctors from Mexico have served this population, have taken their courses and lived this experience. Mr. Torres stated his feeling that these providers are totally competent when it comes to dealing with these types of services in this type of environment.

Dr. Broussard reiterated that the education and licensure process for dentistry is different than medicine. Dentistry does not have the World Health Organization to identify equivalent foreign schools as does medicine. The Subcommittee went into this proposal not wanting to do anything to undermine the licensing process in California. Dr. Broussard stated that the Subcommittee and Task Force would be well served to wait for pending regulations from the Dental Board which will allow the Dental Board to approve foreign dental schools, before taking additional action around a pilot program.

Mr. Torres reminded the Task Force that the pilot project is for a temporary license. Mr. Torres stated the current systems for interns don't favor community clinics and that a different program needs to be implemented. Mr. Torres spoke of how the Mexican Counsel has invited different agencies from California to observe the services and schools in Mexico. The Mexican Counsel received no response and now they are being told that there is opposition to a proposal for temporary licensure of Mexican doctors. The Mexican Counsel seems to believe that most of the requirements of California are very reasonable and would like to meet in the future with CMA, the Dental Association, and with other interested parties.

Director Hamilton suggested that the report be distributed to all Task Force members and that any Task Force member who wanted to submit additional comments should submit written comments within 31 days or August 10<sup>th</sup>.

Director Hamilton recommended that the Task Force would transmit the Subcommittee report to the Legislature, and allow for full discussion of the Subcommittee report at the October 2 meeting. At that time, the Task Force will be able to determine what comments if any, it would like to make to the Legislature. Legal counsel advised the Task Force that this discussion should be put on the agenda as an action item for the next meeting.

## **Agenda Item G**

### **Public Comment:**

Director Hamilton asked for public comment.

Dr. Nasala of the National Education of Filipino Dentists Association, encouraged the Task Force to look at issues of access to health care and to look for long-term solutions. He stated that in his experience as a provider, cultural differences are less of an issue than the ability of the community to access health care from any provider, regardless of cultural background. Dr. Nasala also stated that hundreds of foreign trained dentists are in California going through the licensure examination process and that they should be given incentives to work in underserved areas.

Ellen Louise Harrison, of the Community Wellness Center in Oakland, spoke of the need for services to be provided at their clinic now and the difficulty of hiring providers. She stated that there is a great need for psychotherapy that is culturally and linguistically competent. Ms. Harrison stated that cultural competency can be learned through working in the community but not from a formal educational program. She reiterated the need for an immediate solution and a short-term proposal.

Elia Gallardo, representing California Primary Care Association expressed concerns about the ability of a practitioner who is working in this country with a temporary license to be incorporated into a clinic's existing practice. Specifically, how would these practitioners secure malpractice insurance, be credentialed to receive third party reimbursement and hospital privileges. Ms. Gallardo indicated that CPCA was supportive of a proposal to expand the number of doctors and dentists available to serve the underserved and were supportive of many of the components outlined in the Subcommittee Report.

Marjorie Swartz, representing the Western Center on Law and Poverty expressed concern regarding a proposal that allows professionals working with immigrants or the poor that may not meet quality standards. Ms. Swartz recommended that if the Task Force proposes to go forth with the proposed pilot program, participating providers should be required to meet all California standards. Even a provider with a temporary license should be required to meet the existing standards. Ms. Swartz also stated the need for the Task Force to look at the larger issue of health care access.

Howard Durst, President of the American Academy of Integrated Practice of Medicine, stated the need for a short-term pilot program to address the immediate need for providers. Mr. Durst stated the difficulty of hiring providers, particularly to provide psychotherapy. Mr. Durst suggested that providers are uncomfortable treating patients who are impoverished. He stated that he has seen no interest from UCSF in placing interns in community health centers in Alameda County. Mr. Durst strongly encouraged the Task Force to support a pilot program.

### **Closing Comments:**

Director Bontá stated that the proposed working group assignments were being distributed and asked that any changes should be submitted to the Task Force. The Department of Consumer Affairs will organize the first two work groups, Cultural Competency Certification, and Continuing Education. The Department of Health Services will coordinate the Cultural Competency Standards workgroup. Mr. Joseph let the Task Force know that he will be sending out meeting notices on the Cultural Competency and Continuing Education working groups, and if members wish to be added to a work group to please let him know.

Director Bontá thanked all the members for participating in the meeting. The meeting adjourned at 5:05 p.m.